

APPLICATION FOR A VITAL RECORDS CERTIFICATE

Hopkinton Town Clerk
PO Box 446
Hopkinton, NH 03229

Official Use Only:

Number _____

Requested _____

Issued _____

PLEASE NOTE: A VALID PHOTO ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. IF REQUESTING VIA MAIL, A LEGIBLE PHOTOCOPY OF THE APPLICANT'S GOVERNMENT ISSUED PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST.

Birth Number of copies _____ (first copy issued \$15.00; additional copies purchased at the same time \$10.00)

Name at Birth _____

Name of Father/Parent _____

Maiden Name of Mother/Parent _____

Date of Birth _____ Place of Birth _____

Death Number of copies _____ (first copy issued \$15.00; additional copies purchased at the same time \$10.00)

Name of Deceased _____

Date of Death _____ Place of Death _____

Issued: _____ With Cause of Death/ _____ Without Cause of Death

Marriage Number of copies _____ (first copy issued \$15.00; additional copies purchased at the same time \$10.00)

Name of Groom/Person A (Prior to Marriage) _____

Name of Bride/Person B (Prior to Marriage) _____

Date of Marriage/Civil Union _____ Place of Marriage/Civil Union _____

Divorce Decree Number of copies _____ (first copy issued \$15.00; additional copies purchased at the same time \$10.00)

Name of Husband/Person A _____

Name of Wife/Person B _____

Date of Decree _____ Place of Decree (County) _____

NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE BE COLLECTED FOR EACH RECORD REQUESTED. IF THE RECORD IS LOCATED AND YOU MEET ELIGIBILITY REQUIREMENTS, YOU WILL BE ISSUED THE REQUESTED NUMBER OF CERTIFIED COPIES OF THAT RECORD. PLEASE MAKE CHECKS PAYABLE TO: TOWN OF HOPKINTON (PLEASE PRINT)

Applicant's Name: _____
(FIRST) (MIDDLE) (LAST)

Applicant's Address: _____
(STREET) (CITY/TOWN) (STATE)

Applicant's Phone No: _____
(AREA CODE & NUMBER)

Reason for Certificate Request: _____ Relationship (to record you're requesting) _____

Applicant's Signature: _____
(SIGNATURE IS REQUIRED)

NOTICE: Any person shall be guilty of a CLASS B Felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 5-C:9)